

# *The ABC's of Hepatitis*

## **Course Dates:**

March 21, 2006  
Orangeburg, SC

April 18, 2006  
Greenwood, SC

May 16, 2006  
Conway, SC

June 20, 2006  
Spartanburg, SC

Trainings will begin promptly at 10 a.m.  
Participant sign-in is at 9:30 a.m.

## **Registration form**

### ***For registration, cancellation, or course information contact:***

James Harris, Jr.  
STD/HIV Division Training Coordinator  
1751 Calhoun Street  
Columbia, South Carolina 29201  
Phone: 803-898-0480  
Fax: 803-898-0573  
Email: [harrisj@dhcc.sc.gov](mailto:harrisj@dhcc.sc.gov)

***Deadline for registration is 15 business days prior to the training.***

## **Course Description:**

This half-day training will provide participants with a knowledge base about Hepatitis A, B, and C. The course addresses the risk of transmission and provides an understanding of the primary areas of concern for counseling clients with hepatitis or co-infected with hepatitis and HIV.

### **Topics covered in the discussion are:**

- Transmission
- Signs and symptoms
- Epidemiology
- Treatment issues
- The relationship between HIV and Hepatitis A, B, and C.

## **Prerequisites:**

N/A

## **Audience:**

All Health and Human Services Providers

## **Instructor (s):**

George M. Carnett, CCDP-CRPC  
Libby Green, MSN, APRN, BC

## **Training Hours:**

4.0

***Continuing Education Units available.***



**STD/HIV Division**

**Registration Form**

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: \_\_\_\_\_

District or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Agency (check one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept.       | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org.              | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections     |
| <input type="checkbox"/> DHEC Funded Prevention Contractor  |   | <input type="checkbox"/> Other _____     |

Mark the course date and location you are requesting:

*The ABC's of Hepatitis*

___ March 21, 2005	Orangeburg, SC
___ April 18, 2006	Greenwood, SC
___ May 16, 2006	Conway, SC
___ June 20, 2006	Spartanburg, SC

Supervisor's Signature: \_\_\_\_\_

(Your supervisor *must* sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov). Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.